

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/522043

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3			1			
4						
5			1			
6						
7						
8			1			
9						
10			1			
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41			1			
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43			1			
44			1			
45			1			
46			1			
47						
48						
49			1			
50			1			
TOTAL IND.			↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1		1	
52			1		1	
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54			1		1	
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97						
98						
99						
100						
TOTAL IND.			↓		3	↓
TOTAL DEP.	←		←		40	←
TOTAL CLAIMS					43	